

---

**State:** Arkansas **Filing Company:** Kansas City Life Insurance Company  
**TOI/Sub-TOI:** L04G Group Life - Term/L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium  
**Product Name:** GA174-GKCL-APP-AR(L)0812  
**Project Name/Number:** GA174-GKCL-APP-AR(L)0812/GA174-GKCL-APP-AR(L)0812

## Filing at a Glance

Company: Kansas City Life Insurance Company  
Product Name: GA174-GKCL-APP-AR(L)0812  
State: Arkansas  
TOI: L04G Group Life - Term  
Sub-TOI: L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium  
Filing Type: Form  
Date Submitted: 08/16/2012  
SERFF Tr Num: KCLF-128646476  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num: GA174-GKCL-APP-AR(L)0812  
  
Implementation: On Approval  
Date Requested:  
Author(s): Brooke Hood  
Reviewer(s): Linda Bird (primary)  
Disposition Date: 08/21/2012  
Disposition Status: Approved-Closed  
Implementation Date:

State Filing Description:

**State:** Arkansas  
**TOI/Sub-TOI:** L04G Group Life - Term/L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium  
**Product Name:** GA174-GKCL-APP-AR(L)0812  
**Project Name/Number:** GA174-GKCL-APP-AR(L)0812/GA174-GKCL-APP-AR(L)0812

## General Information

Project Name: GA174-GKCL-APP-AR(L)0812  
Project Number: GA174-GKCL-APP-AR(L)0812  
Requested Filing Mode: Review & Approval  
Explanation for Combination/Other:  
Submission Type: New Submission  
Group Market Type: Employer  
Filing Status Changed: 08/21/2012  
State Status Changed: 08/21/2012  
Created By: Brooke Hood  
Corresponding Filing Tracking Number:

Status of Filing in Domicile: Authorized  
Date Approved in Domicile: 06/27/2010  
Domicile Status Comments:  
Market Type: Group  
Group Market Size: Small  
Overall Rate Impact:  
  
Deemer Date:  
Submitted By: Brooke Hood

### Filing Description:

Kansas City Life Insurance Company  
NAIC: 65129-588  
FEIN: 44-0308260  
Form Filing: Group Application form GA174-AR (Life Submission)

With this filing, Kansas City Life Insurance Company is submitting Group Application form GA174-AR for review and approval. This application form is new and does not replace any previously approved forms. Group Application form GA174-AR will be used by prospective policyholders to apply for any combination of the following Group insurance products which use contract forms that are approved in Arkansas: life, short term disability, long term disability, dental, and vision. A separate Health filing will also be submitted for approval regarding the disability, dental and vision products.

The variable material within this form is bracketed. This variable language can be added to, deleted from, or changed within the application. A Statement of Variability has been provided with this filing to explain the intended range(s) of variability.

Please direct all inquiries regarding this filing to me at the address, phone number or email address shown in this filing.

Your favorable consideration of this filing is respectfully requested.

## Company and Contact

### Filing Contact Information

Brooke Hood, Compliance Analyst III  
3520 Broadway  
Kansas City, MO 64111

bhood@kclife.com  
816-753-7299 [Phone] 8420 [Ext]  
816-753-3018 [FAX]

### Filing Company Information

Kansas City Life Insurance Company	CoCode: 65129	State of Domicile: Missouri
P O Box 219139	Group Code: 588	Company Type: Life
Kansas City, MO 64121-9139	Group Name:	State ID Number:
(800) 821-5529 ext. [Phone]	FEIN Number: 44-0308260	

**State:** Arkansas **Filing Company:** Kansas City Life Insurance Company  
**TOI/Sub-TOI:** L04G Group Life - Term/L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium  
**Product Name:** GA174-GKCL-APP-AR(L)0812  
**Project Name/Number:** GA174-GKCL-APP-AR(L)0812/GA174-GKCL-APP-AR(L)0812

## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: AR fee = MO (domicile) fee of \$50  
Per Company: No

Company	Amount	Date Processed	Transaction #
Kansas City Life Insurance Company	\$50.00	08/16/2012	61759439

<b>SERFF Tracking #:</b>	KCLF-128646476	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	GA174-GKCL-APP-AR(L)0812
<hr/>					
<b>State:</b>	Arkansas	<b>Filing Company:</b>	Kansas City Life Insurance Company		
<b>TOI/Sub-TOI:</b>	L04G Group Life - Term/L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium				
<b>Product Name:</b>	GA174-GKCL-APP-AR(L)0812				
<b>Project Name/Number:</b>	GA174-GKCL-APP-AR(L)0812/GA174-GKCL-APP-AR(L)0812				

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/21/2012	08/21/2012

<b>SERFF Tracking #:</b>	KCLF-128646476	<b>State Tracking #:</b>	<b>Company Tracking #:</b>	GA174-GKCL-APP-AR(L)0812
<b>State:</b>	Arkansas	<b>Filing Company:</b>	Kansas City Life Insurance Company	
<b>TOI/Sub-TOI:</b>	L04G Group Life - Term/L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium			
<b>Product Name:</b>	GA174-GKCL-APP-AR(L)0812			
<b>Project Name/Number:</b>	GA174-GKCL-APP-AR(L)0812/GA174-GKCL-APP-AR(L)0812			

## Disposition

Disposition Date: 08/21/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Statement of Variability		Yes
Form	Application for [Solutions for Small Group Needs]		Yes

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Kansas City Life Insurance Company
<b>TOI/Sub-TOI:</b>	L04G Group Life - Term/L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium		
<b>Product Name:</b>	GA174-GKCL-APP-AR(L)0812		
<b>Project Name/Number:</b>	GA174-GKCL-APP-AR(L)0812/GA174-GKCL-APP-AR(L)0812		

## Form Schedule

Lead Form Number: GA174-AR							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		GA174-AR	AEF	Application for [Solutions for Small Group Needs]	Initial:	48.000	GA174-AR.pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages



# Application for [Solutions for Small Group Needs] [Short Term Disability, Long Term Disability, Life]

Kansas City Life Insurance Company

3520 Broadway  
Kansas City, MO 64111

1. Legal Name of Applicant (Policyholder) \_\_\_\_\_ 2. Federal Tax I.D. No. \_\_\_\_\_
3. Nature of Business \_\_\_\_\_ SIC Code \_\_\_\_\_
4. Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_
5. Name and Title of Plan Administrator \_\_\_\_\_ Phone No. \_\_\_\_\_
6. Name, Title, E-mail Address and Phone No. of Contact Person \_\_\_\_\_
7. Billing Address (if different from Street Address) \_\_\_\_\_ City, State, Zip \_\_\_\_\_
8. Proposed Effective Date of Insurance \_\_\_\_\_ 9. Advance Payment of \$ \_\_\_\_\_ is submitted with this application to be applied by the Company on premiums for insurance when and if issued.
10. If the insurance applied for replaces, or is in addition to, any similar group or wholesale insurance now or previously in force, provide:

<u>Carrier</u>	<u>Type of Coverage</u>	<u>Date to be Discontinued</u>

## Eligibility

11. Are any individuals currently disabled? Yes No If Yes, provide: 

<u>Full Name</u>	<u>Social Security Number</u>
------------------	-------------------------------
12. Eligible Classes: All Full-Time Employees Other \_\_\_\_\_
13. Probationary Waiting Period: \_\_\_\_\_ days/months. Does this apply to employees hired on or before the effective date? Yes No  
(If No, all currently enrolled employees will be covered on the policy effective date regardless of employment date.)  
Coverage to be effective the first of the month following completion of probationary waiting period? Yes No
14. Number of full-time employees: \_\_\_\_\_ Number of enrolled - Voluntary: [STD \_\_\_\_\_ LTD \_\_\_\_\_ Life \_\_\_\_\_]

## Plan Design

15. [Short Term Disability: Employer pay \$ \_\_\_\_\_ /[wk] \_\_\_\_\_ / \_\_\_\_\_ Days Accident/Sickness Maximum Duration \_\_\_\_\_ Weeks [60%] up to \_\_\_\_\_]  
[Long Term Disability: Employer pay \$ \_\_\_\_\_ /[wk] \_\_\_\_\_ Elimination Period Maximum Duration \_\_\_\_\_ [60%] up to \_\_\_\_\_]  
[Group Term Life: Employer pay \$ \_\_\_\_\_ /[wk] Face Amount \_\_\_\_\_ AD&D Rider]

## Schedule of Benefits

16. Please attach a copy of the proposal(s).

## Agreement and Signatures

17. It is understood and agreed as follows:
  1. No coverage is effective until approved by Kansas City Life Insurance Company at its Home Office in Kansas City, Missouri.
  2. Insurance will be effective with regard to those individuals listed above in the Eligibility section, on the latest of the following dates:  
(a) the effective date approved by the Company; (b) the date this application is signed; or (c) the date the first premium is paid in full.
  3. No agent has the authority to waive any of the Company's rights or requirements, or to make or alter any contract or policy.
  4. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, year of \_\_\_\_\_  
City, State

Signature of Writing Agent

Agent Code

Employer's Signature

Agent's Name and State License ID No. – SSN (Please Print)

Please Print Name

Title

Agent Business Address		City, State, Zip	Agency	Agency Code
------------------------	--	------------------	--------	-------------



<b>SERFF Tracking #:</b>	KCLF-128646476	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	GA174-GKCL-APP-AR(L)0812
<b>State:</b>	Arkansas	<b>Filing Company:</b>	Kansas City Life Insurance Company		
<b>TOI/Sub-TOI:</b>	L04G Group Life - Term/L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium				
<b>Product Name:</b>	GA174-GKCL-APP-AR(L)0812				
<b>Project Name/Number:</b>	GA174-GKCL-APP-AR(L)0812/GA174-GKCL-APP-AR(L)0812				

## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
AR_Readability Certification.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability		
Comments:			
Attachment(s):			
SOV_GA174.pdf			

# READABILITY CERTIFICATION

---

**FORM NUMBER**

**READABILITY SCORE**

GA174

48.0



**Name:** Marc Bensing

**Title:** Assistant Vice President

**Company:** Kansas City Life Insurance Company

**Date:** August 16, 2012

## ***STATEMENT OF VARIABILITY for GROUP COVERAGE APPLICATION GA174***

---

Any use of variability shall be administered in a uniform and non-discriminatory manner and shall not result in unfair discrimination. Bracketed text may be included or omitted according to a policyholder's plan of insurance.

1. **Header** - The [KCL Group Benefits] logo may be modified if it should ever change in the future and the [SG] logo may be modified or removed.
2. **Header** - [Solutions for Small Group Needs] may be modified to indicate a different marketing name.
3. **Header** - [Short Term Disability, Long Term Disability, Life] may be modified to remove a specific product if not purchased by the policyholder or add a new product such as Dental or Vision.
4. **Question** 14: Number of enrolled – Voluntary: [STD\_ LTD\_ Life\_] may be modified to remove a specific product if not purchased by the policyholder or add a new product such as Dental or Vision.
5. **Question** 15: The 3 products in this section [Short Term Disability, Long Term Disability, and Group Term Life] may be modified to remove a specific product if not purchased by the policyholder. The variable for Employer pay [wk] may be modified to [mo]. The variable for [60%] may be modified to a higher or lower percentage based on the variable range filed in the corresponding policy/certificate form. The following products may be added if purchased by the policyholder:

[Dental: Employer pay \$ \_\_\_\_[wk][mo] (for employee) \$ \_\_\_\_[wk][mo] (for dependents) Type I deductible \_\_\_\_  
Calendar year maximum \_\_\_\_ Type IV Ortho \_\_\_\_]

[Vision: Employer pay \$ \_\_\_\_[wk][mo] (for employee) \$ \_\_\_\_[wk][mo] (for dependents) Frame Frequency \_\_\_\_  
Exam/Materials Co-pay \_\_\_\_/\_\_\_\_]